

COVER PAGE

Filed Date: 03/21/2018 03:16 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Karleskint Daniel J

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Lincoln
Division, Board, Department, District, if applicable Your Position
City Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of Lincoln ☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2017, through December 31, 2017.
-or- The period covered is 12 / 13 / 2016, through December 31, 2017.
☐ **Assuming Office:** Date assumed ____/____/_____
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/_____
(Check one)
☐ The period covered is January 1, 2017, through the date of leaving office.
-or-
☐ The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☐ **Schedule A-2 - Investments** – schedule attached ☒ **Schedule D - Income – Gifts** – schedule attached
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/21/2018 03:16 PM
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE D Income – Gifts

Name

Daniel Karleskint

► NAME OF SOURCE (Not an Acronym)

Local Government Commission

ADDRESS (Business Address Acceptable)

1980 9th Street, Suite 1700 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Local Gvmt Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 14 / 17	\$ 52.00	Dinner
10 / 12 / 17	\$ 52.00	Dinner
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Kaiser Foundation Health Plan Inc

ADDRESS (Business Address Acceptable)

6600 Bruceville Rd Sacramento CA 95823

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 17	\$ 419.06	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Easton Development Co.

ADDRESS (Business Address Acceptable)

1180 Iron Point Rd Folsom CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 17	\$ 96.24	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Hefner Law

ADDRESS (Business Address Acceptable)

2150 River Plaza Dr. Sacramento, Ca 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 17	\$ 368	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Dignity Health

ADDRESS (Business Address Acceptable)

3400 Data Dr. Rancho Cordova CA 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 17	\$ 96.24	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

Western Health Advantage

ADDRESS (Business Address Acceptable)

2349 Gateway Oaks Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 15 / 17	\$ 96.24	Dinner
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D

Income – Gifts

<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>Teichert Corp.</div> <div>ADDRESS (Business Address Acceptable)</div> <div>3500 American River Dr. Sacramento CA95864</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>Construction</div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>05 / 01 / 17</td> <td>\$ 268.90</td> <td>Dinner</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </table> </div>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	05 / 01 / 17	\$ 268.90	Dinner	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>Sutter Health</div> <div>ADDRESS (Business Address Acceptable)</div> <div>2200 River Plaza Dr Sacramento CA 95833</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>Healthcare</div> <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>05 / 01 / 17</td> <td>\$ 268.90</td> <td>Dinner</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </table> </div>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	05 / 01 / 17	\$ 268.90	Dinner	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____
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